



Physical Activity Readiness Questionnaire

Name:

Date:

Address:

Occupation:

Date of Birth:

Tel:

Mobile:

E-mail:

Emergency Contact name:

Tel:

EXERCISE:

1. What are your short term and long term goals for Pilates?

- Short term:

- Long term:

2. Have you done Pilates before? (If NO, go to question 3)

2a. If Yes, when was your last pilates class? _____

2b. How many times a week did you attend a Pilates class? _____

2c. How long have you been attending a Pilates class? _____ Years _____ Months

3. Have you regularly undertaken any exercise/sports in the last 12 months?

If Yes, please detail:

4. How many days do you exercise per week?

5. How many hours do you exercise per week?

HEALTH

6. Please tick any of the following conditions that apply:

- Back problems
- Neck problems
- Shoulder problems
- Knee problems
- Osteoarthritis
- Osteoporosis
- Rheumatoid Arthritis
- Heart problems / palpitations / chest pain
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Diabetes
- Any respiratory conditions (eg, Asthma)
- Any neurological conditions (eg, Multiple Sclerosis / Parkinsons Disease)
- Cancer (or previously had Cancer)
- Headaches / Migraine
- Epilepsy
- Glaucoma
- Anxiety/Depression
- Long term steroid use
- I am trying to get pregnant
- I am pregnant
- I have been pregnant within the last six months
- I have had an MRI / X-ray / Ultrasound recently (past 12 months)
- I take daily/weekly medication.
- I have had fractures or surgically inserted plates/pins.
- I have other medical conditions.
- I take daily/weekly medication.

If you have ticked any of the above, please detail:

7. Have you experienced any moderate/serious accident or injury?

(falls, car accidents, athletic injuries, childhood incidences, etc.)

If yes, please detail:-

8. Have you had surgery in the last 2 years?

If Yes, please detail operations and dates below:

8a. If your surgery is within the last 12 weeks has your medical Professional confirmed that you may start to exercise?

Please list the contact details of any medical professionals you are currently seeing below:-

8b. If required, may we contact them to discuss your exercise programme?

9. Where did you hear about McKenna Method / Pilates classes?

FEMALE CLIENTS ONLY:

10. How many children do you have?

10b. Have you had a Cesarean section?

If Yes, when did you have a Cesarean section?

11. Have you had a hysterectomy?

If Yes, when did you have your hysterectomy?

ALL CLIENTS PLEASE READ THE FOLLOWING SECTION CAREFULLY

Pilates involves physical exercise activity. None of the classes are suitable for participation under the influence of alcohol, or any other drugs or medication, prescription or otherwise, leading to the impairment of concentration or physical coordination.

If you have any doubts about the suitability of any for you, please let us know and we will be happy to discuss this with you. We always reserve the right to refuse entry to any class where we feel that a student's participation carries an unacceptable level of risk or ability to participate, or would be detrimental to the experience of other students in the class. If the teacher deems that you may require a private session/s before commencing a class or continuing classes then this will be discussed with you. You are under no obligation, but will be refused entry to the class.

You hereby indemnify and will hold us harmless from any injury or loss sustained by you as a result of your failure to take these precautionary measures, provided always that nothing shall exclude or limit our liability to you in respect of any injury occasioned by our negligence or other breach of duty.

I confirm that the answers to the above questions are to the best of my knowledge correct. I will also immediately inform you should any of the foregoing change.

I understand that classes once booked and paid are non-transferable or refundable if I am unable to attend.

Signed: _____

Date: _____